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Bib Data Sheet

CONFIRMATION NO. 3946

|   |   |                               |   |   |                                |
|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/757,646  | <b>FILING OR 371(c) DATE</b><br>01/13/2004<br><b>RULE</b>   | <b>CLASS</b><br>623           | <b>GROUP ART UNIT</b><br>3731   | <b>ATTORNEY DOCKET NO.</b><br>S63.2B-11321-US01 |                                |
| <b>APPLICANTS</b><br>Tracee Eidenschink, Wayzata, MN;<br>Jan Weber, Maple Grove, MN;  |   |                               |   |   |                                |
| ** CONTINUING DATA *****<br>None R.S.   |   |                               |   |   |                                |
| ** FOREIGN APPLICATIONS *****<br>None R.S.  |   |                               |   |   |                                |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 04/20/2004  |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  |   | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>16   | <b>TOTAL CLAIMS</b><br>50                       | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Allowance <i>Ryan</i> <i>R.S.</i> |   |                               |   |   |                                |
| Verified and Acknowledged<br>Examiner's Signature Initials  |   |                               |   |   |                                |
| <b>ADDRESS</b><br>23552   |   |                               |   |   |                                |
| <b>TITLE</b><br>Bifurcated stent delivery system  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1310  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |